



Send completed forms
to DOH Communicable
Disease Epidemiology
Fax: 206-361-2930

Salmonellosis

(Do not use for Typhoid Fever)

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Other: _____

Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____

Date Received ____/____/____

DOH Classification

☐ Confirmed

☐ Probable

☐ No count; reason: _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: _____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: _____

☐ ☐ ☐ ☐ Bloody diarrhea

☐ ☐ ☐ ☐ **Abdominal cramps or pain**

☐ ☐ ☐ ☐ Nausea

☐ ☐ ☐ ☐ **Vomiting**

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): _____

☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness

Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

Laboratory

Collection date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ **Salmonella isolated (clinical specimen)**

Salmonella serotype: _____

PFGE result: _____

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Bacteremia**

☐ ☐ ☐ ☐ Sepsis syndrome

☐ ☐ ☐ ☐ **Septic arthritis**

☐ ☐ ☐ ☐ Reactive arthritis

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Exposure period

Days from onset:

-5

-1

onset

Contagious period

weeks

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ Contact with lab confirmed case
☐ Household ☐ Sexual
☐ Needle use ☐ Other: _____
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult
- ☐ ☐ ☐ ☐ Poultry
Undercooked: ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Handled raw poultry
- ☐ ☐ ☐ ☐ Eggs
- ☐ ☐ ☐ ☐ Raw or runny eggs or food with raw eggs (e.g. home-made eggnog or ice cream, raw dough or batter)
- ☐ ☐ ☐ ☐ Raw fruits or vegetables
- ☐ ☐ ☐ ☐ Sprouts (e.g. alfalfa, clover, bean)
- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)
- ☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)
- ☐ ☐ ☐ ☐ Juices or ciders Type: _____
Unpasteurized: ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Known contaminated food product
- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

☐ Patient could not be interviewed☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk**PATIENT PROPHYLAXIS/TREATMENT****PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed as health care worker
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)
- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Exclude from sensitive occupations (HCW, food, child care) or situations until 2 negative stools
- ☐ Culture close contacts in sensitive occupations (HCW, food, child care) or situations (child care) regardless of symptom
- ☐ Initiate trace-back investigation
- ☐ Hygiene education provided
- ☐ Restaurant inspection
- ☐ Child care inspection
- ☐ Investigation of raw milk/dairy
- ☐ Other: specify _____

Investigator _____ Phone/email: _____ Investigation complete date ____ / ____ / ____

Local health jurisdiction _____